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CONFIRMATION NO. 1814

SERIAL NUMBER 10/045,545	FILING DATE 01/14/2002  RULE	CLASS 424	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 176/60981 (6-11402-1001)	
<b>APPLICANTS</b>  Mahin D. Maines, Rochester, NY;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/261,500 01/12/2001  <b>** FOREIGN APPLICATIONS *****</b>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED      ** SMALL ENTITY ** ** 03/14/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
<b>ADDRESS</b> Michael L. Goldman NIXON PEABODY LLP Clinton Square P.O. Box 31051 Rochester, NY 14603					
<b>TITLE</b> Methods of modifying cell structure and remodeling tissue					
FILING FEE  RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		